Outpatient Services • Local Educational Agency

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Contents

Medi-Cal Training Seminars

New Manual Sections Released Early to Facilitate System Updates

This month's bulletin contains the new Local Educational Agency (LEA) billing and policy manual sections. The sections are being released early to allow LEA providers to update their billing systems.

> **LEA PROVIDERS MUST CONTINUE BILLING UNDER CURRENT POLICIES AND BILLING PRACTICES UNTIL JULY 1, 2006. NEW LEA POLICY AND PROCEDURE CODES ARE NOT EFFECTIVE UNTIL JULY 1, 2006. CLAIMS SUBMITTED PRIOR TO JULY 1, 2006 USING THE NEW CODES WILL BE DENIED.**

An *LEA Reminder Notice* is included with the new manual pages. This notice is to be inserted in the manual before the new sections as a reminder to wait until July 1, 2006 to bill with the new policy and codes.

Retain Current Manual Sections

Providers should retain the following three LEA sections and insert the new manual sections after these sections:

- *Local Educational Agency (LEA)* with the locator key "loc edu"
- *Local Educational Agency (LEA) Billing Codes* with the locator key "loc edu cd"
- *Local Educational Agency (LEA) Billing Examples* with the locator key "loc edu ex"

These sections may be removed from the manual on July 1. The section titles already have been removed from the manual's "Contents" page.

Statewide Trainings to Address New LEA Billing Requirements

The California Department of Health Services (CDHS) is continuing its series of statewide trainings in May 2006 to provide information about the LEA Medi-Cal Billing Option Program changes. It is imperative that LEA providers attend one of the upcoming trainings to sufficiently prepare system changes prior to implementation.

Training topics will include the following:

- Senate Bill 231 implementation
- Billing policies and procedures
- New national billing codes and modifiers
- Documentation requirements
- Revised layout of LEA provider manual sections
- Free care and other health coverage requirements

Additional training information and registration forms are posted on the LEA Medi-Cal Billing Option Program Web page on the CDHS Web site (**www.dhs.ca.gov/lea**).

New Manual Sections *(continued)*

Current Policy
- Interim LEA procedure codes and modifiers in use since 1992 (codes in the X4900 range) are valid for dates of service on July 1, 2005 through June 30, 2006.

Coming Policy
- Beginning July 1, 2006, for dates of service on or after July 1, 2006, LEA claims must be submitted with national procedure codes and modifiers, due to HIPAA requirements.

- As of July 1, 2006, LEAs may submit claims with either the current codes or the new national procedure codes/modifiers for dates of service on July 1, 2005 through June 30, 2006. Claim submission (under either the current or new billing codes) is subject to timeliness requirements.

- Beginning July 1, 2006, modifier -YX will be discontinued. New modifiers -TL and -TM will identify whether a service is rendered as part of an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). National practitioner modifiers will identify who performed a service. Intensity-of-service modifiers will identify whether a service is an amended or annual re-assessment, or whether the service is an additional 15-minute service increment.

Manual Updates
- Outdated LEA X4900 codes have been removed from the *HCPCS Level III Interim Code List: Reimbursable Medi-Cal Only Codes* Part 2 manual section.

- LEA-related Other Health Coverage (OHC) information has been removed from the *Other Health Coverage (OHC): CPT-4 and HCPCS Code* section. OHC policy has changed. Previously, some LEA codes could be billed directly to Medi-Cal without first billing OHC. Beginning July 1, 2006, all LEA codes must be billed to OHC before billing Medi-Cal.

- Rates charts have been added to the provider manual to detail reimbursement for both IEP/IFSP and non-IEP/IFSP services.

- Rendering practitioner job titles have been updated.

- New locator keys have been created. The previous "loc edu" locator key has been shortened to "loc ed."

This information is reflected in the new LEA manual sections and on manual replacement pages hcpcs iii 2 (Part 2), modif app 1 thru 4 and 6 (Part 2) and oth hlth cpt 2 (Part 2).

Fluoride Varnish is a New Medi-Cal Benefit

Effective for dates of service on or after June 1, 2006, HCPCS code D1203 (topical application of fluoride [prophylaxis not included], child) is a Medi-Cal benefit for children younger than 6 years of age, up to three times in a 12-month period.

Because many dentists are not willing to see children this young, medical providers who routinely see pregnant women and young children offer the best hope for preventing and controlling tooth decay through the application of fluoride varnish. Physicians, nurses and medical personnel are legally permitted to apply fluoride varnish when the attending physician delegates the procedure and establishes protocol.

Reimbursement for code D1203 is $18, and includes materials and supplies needed for application.

This information is reflected in new manual section dental 1 (Part 2).

Providers Receiving RAD Messages for Over-One-Year Claims

Effective May 1, 2006, providers will no longer receive acknowledgement, approval or denial letters for claims submitted more than 12 months from the month of service and that meet established late submission requirements. Such claims will be noted on a *Remittance Advice Details* (RAD) with a message indicating the status of the claim.

The policy described above applies only to original claims delayed over one year from the month of service due to court decisions, fair hearing decisions, county administrative errors in determining recipient eligibility, reversal of decisions on appealed *Treatment Authorization Requests* (TARs), Medicare/Other Health Coverage delays or other circumstances beyond the provider's control, and were subsequently sent to EDS' Over-One-Year Unit.

This updated information is reflected on manual replacement page <u>ub sub 3</u> (Part 2).

CCS Service Code Groupings Update

Effective for dates of service on or after July 1, 2006, numerous codes have been end-dated within the California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02 and 07. These end-dated codes appear in bold with a strike through the entire code.

In addition, retroactive for dates of service on or after July 1, 2004, codes have been added to SCGs 01, 02 and 05. These codes are bold and underlined.

It is important to note that on these manual pages SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01, 02 and 03. These same "rules" apply to end-dated codes.

This information is reflected on manual replacement pages <u>cal child ser 1, 5, 6, 11 thru 18 and 21</u> (Part 2).

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Remove:	*Contents for Local Educational Agency Billing and Policy* i thru iii
Insert:	*Contents for Local Educational Agency Billing and Policy* i thru iv *

Remove and replace: cal child ser 1/2, 5/6, 11 thru 18, 21/22

Insert new section
before the E-F tab   dental 1

Remove and replace: hcpcs iii 1/2

Insert LEA notice
and new sections
after current LEA
section Local
Educational Agency
(LEA) Billing
Examples: LEA Reminder Notice
loc ed 1
loc ed a prov 1 thru 8
loc ed bil 1 thru 15
loc ed bil cd 1 thru 16
loc ed bil ex 1 thru 17
loc ed elig 1 thru 3
loc ed indiv 1
loc ed rend 1 thru 8
loc ed serv hear 1 thru 8
loc ed serv nurs 1 thru 6
loc ed serv occu 1 thru 4
loc ed serv phy 1 thru 4
loc ed serv physician 1 thru 7
loc ed serv psych 1 thru 9
loc ed serv spe 1 thru 7

Insert: loc ed serv targ 1 thru 5
loc ed serv trans 1 thru 3
loc ed serv vis 1 thru 3

Remove: modif app 1 thru 7
Insert: modif app 1 thru 10

Remove and replace: oth hlth cpt 1/2
ub sub 3/4, 5/6 *

* Pages updated due to ongoing provider manual revisions.